

30976 U.S. PTO  
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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|                        |                               |
|------------------------|-------------------------------|
| Attorney Docket No.    | BioCure 190                   |
| First Inventor         | GOUPIL, Dennis W.             |
| Title                  | Hydrogel Bio medical Articles |
| Express Mail Label No. | EF359081395US                 |

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification [Total Pages **36**]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [ Total Sheets  ]
5. Oath or Declaration [ Total Pages  ]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9.  Assignment Papers (cover sheet & document(s))
10.  37 CFR 3.73(b) Statement  Power of Attorney (when there is an assignee)
11.  English Translation Document (if applicable)
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15.  Certified Copy of Priority Document(s) (if foreign priority is claimed)
16.  Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: .....

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No. \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group Art Unit. \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

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| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | (Insert Customer Number or Bar Code Label here) |          | <input type="checkbox"/> or <input type="checkbox"/> Correspondence address below |
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|                   |                        |                                   |          |
|-------------------|------------------------|-----------------------------------|----------|
| Name (Print/Type) | Collen A. Beard        | Registration No. (Attorney/Agent) | 38,824   |
| Signature         | <i>Collen A. Beard</i> | Date                              | 03/13/01 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 517.00)

## Complete if Known

|                      |                   |
|----------------------|-------------------|
| Application Number   |                   |
| Filing Date          | March 13, 2001    |
| First Named Inventor | GOUPIL, Dennis W. |
| Examiner Name        |                   |
| Group Art Unit       | BioCure 190       |
| Attorney Docket No.  |                   |

| METHOD OF PAYMENT  |                         | FEE CALCULATION (continued)  |                                 |  |  |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
|--|-------------------------|--|---------------------------------|--|--|-----------------|----------|---------------|---------------|---------------|--|-----|-----|-----|----|-------------------------------------|----------------------|-----|----|-----|----|--|----------------------|-----|-----|-----|-----|---------------------------|----------------------|-----|-------|-----|-------|---|----------------------|-----|------|-----|------|--|----------------------|-----|--------|-----|--------|---|----------------------|-----|-----|-----|----|--|----------------------|-----|-----|-----|-----|---|----------------------|-----|-----|-----|-----|--|----------------------|-----|-------|-----|-----|---|----------------------|-----|-------|-----|-----|--|----------------------|-----|-----|-----|-----|------------------|----------------------|-----|-----|-----|-----|--|----------------------|-----|-----|-----|-----|--------------------------|----------------------|-----|-------|-----|-------|---|----------------------|-----|-----|-----|----|----------------------------------|----------------------|-----|-------|-----|-----|------------------------------------|----------------------|-----|-------|-----|-----|--------------------------------|----------------------|-----|-----|-----|-----|------------------|----------------------|-----|-----|-----|-----|-----------------|----------------------|-----|-----|-----|-----|-------------------------------|----------------------|-----|----|-----|----|-------------------------------------|----------------------|-----|-----|-----|-----|---|----------------------|-----|----|-----|----|--|----------------------|-----|-----|-----|-----|---|----------------------|-----|-----|-----|-----|--|----------------------|-----|-----|-----|-----|---|----------------------|-----|-----|-----|-----|---|----------------------|---------------------------|--|--|--|----------------------|--|-----------------------------------|--|--|--|----------------------|--|-----------------------|--|--------------------------|--|-------------------|--|--|--|--|--|--|--|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <input type="text"/></p> <p>Deposit Account Name <input type="text"/></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> |                         | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td><input type="text"/></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td><input type="text"/></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td><input type="text"/></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for ex parte reexamination</td> <td><input type="text"/></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td><input type="text"/></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td><input type="text"/></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td><input type="text"/></td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td>Extension for reply within second month</td> <td><input type="text"/></td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td>Extension for reply within third month</td> <td><input type="text"/></td> </tr> <tr> <td>118</td> <td>1,390</td> <td>218</td> <td>695</td> <td>Extension for reply within fourth month</td> <td><input type="text"/></td> </tr> <tr> <td>128</td> <td>1,890</td> <td>228</td> <td>945</td> <td>Extension for reply within fifth month</td> <td><input type="text"/></td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td>Notice of Appeal</td> <td><input type="text"/></td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td><input type="text"/></td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td>Request for oral hearing</td> <td><input type="text"/></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td><input type="text"/></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td><input type="text"/></td> </tr> <tr> <td>141</td> <td>1,240</td> <td>241</td> <td>620</td> <td>Petition to revive - unintentional</td> <td><input type="text"/></td> </tr> <tr> <td>142</td> <td>1,240</td> <td>242</td> <td>620</td> <td>Utility issue fee (or reissue)</td> <td><input type="text"/></td> </tr> <tr> <td>143</td> <td>440</td> <td>243</td> <td>220</td> <td>Design issue fee</td> <td><input type="text"/></td> </tr> <tr> <td>144</td> <td>600</td> <td>244</td> <td>300</td> <td>Plant issue fee</td> <td><input type="text"/></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td><input type="text"/></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(q)</td> <td><input type="text"/></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td><input type="text"/></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td><input type="text"/></td> </tr> <tr> <td>146</td> <td>710</td> <td>246</td> <td>355</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td><input type="text"/></td> </tr> <tr> <td>149</td> <td>710</td> <td>249</td> <td>355</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td><input type="text"/></td> </tr> <tr> <td>179</td> <td>710</td> <td>279</td> <td>355</td> <td>Request for Continued Examination (RCE)</td> <td><input type="text"/></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td><input type="text"/></td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td colspan="2">SUBTOTAL (1) (\$ 355)</td> <td colspan="2">SUBTOTAL (2) (\$ 162.00)</td> <td colspan="2">SUBTOTAL (3) (\$)</td> </tr> <tr> <td colspan="6">**or number previously paid, if greater, For Reissues, see above</td> </tr> </tbody> </table> |                                 | Large Entity   | Small Entity   | Fee Description | Fee Paid | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) |  | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | <input type="text"/> | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | <input type="text"/> | 139 | 130 | 139 | 130 | Non-English specification | <input type="text"/> | 147 | 2,520 | 147 | 2,520 | For filing a request for ex parte reexamination | <input type="text"/> | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | <input type="text"/> | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | <input type="text"/> | 115 | 110 | 215 | 55 | Extension for reply within first month | <input type="text"/> | 116 | 390 | 216 | 195 | Extension for reply within second month | <input type="text"/> | 117 | 890 | 217 | 445 | Extension for reply within third month | <input type="text"/> | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month | <input type="text"/> | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month | <input type="text"/> | 119 | 310 | 219 | 155 | Notice of Appeal | <input type="text"/> | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | <input type="text"/> | 121 | 270 | 221 | 135 | Request for oral hearing | <input type="text"/> | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | <input type="text"/> | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | <input type="text"/> | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional | <input type="text"/> | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) | <input type="text"/> | 143 | 440 | 243 | 220 | Design issue fee | <input type="text"/> | 144 | 600 | 244 | 300 | Plant issue fee | <input type="text"/> | 122 | 130 | 122 | 130 | Petitions to the Commissioner | <input type="text"/> | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) | <input type="text"/> | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt | <input type="text"/> | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | <input type="text"/> | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="text"/> | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="text"/> | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) | <input type="text"/> | 169 | 900 | 169 | 900 | Request for expedited examination of a design application | <input type="text"/> | Other fee (specify) _____ |  |  |  | <input type="text"/> |  | *Reduced by Basic Filing Fee Paid |  |  |  | <input type="text"/> |  | SUBTOTAL (1) (\$ 355) |  | SUBTOTAL (2) (\$ 162.00) |  | SUBTOTAL (3) (\$) |  | **or number previously paid, if greater, For Reissues, see above |  |  |  |  |  |
| Large Entity   | Small Entity            | Fee Description  | Fee Paid                        |  |  |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| Fee Code (\$)  | Fee Code (\$)           | Fee Code (\$)  |                                 |  |  |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 105  | 130                     | 205  | 65                              | Surcharge - late filing fee or oath  | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 127  | 50                      | 227  | 25                              | Surcharge - late provisional filing fee or cover sheet                     | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 139  | 130                     | 139  | 130                             | Non-English specification  | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 147  | 2,520                   | 147  | 2,520                           | For filing a request for ex parte reexamination                            | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 112  | 920*                    | 112  | 920*                            | Requesting publication of SIR prior to Examiner action                     | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 113  | 1,840*                  | 113  | 1,840*                          | Requesting publication of SIR after Examiner action                        | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 115  | 110                     | 215  | 55                              | Extension for reply within first month                                     | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 116  | 390                     | 216  | 195                             | Extension for reply within second month                                    | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 117  | 890                     | 217  | 445                             | Extension for reply within third month                                     | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 118  | 1,390                   | 218  | 695                             | Extension for reply within fourth month                                    | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 128  | 1,890                   | 228  | 945                             | Extension for reply within fifth month                                     | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 119  | 310                     | 219  | 155                             | Notice of Appeal   | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 120  | 310                     | 220  | 155                             | Filing a brief in support of an appeal                                     | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 121  | 270                     | 221  | 135                             | Request for oral hearing   | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 138  | 1,510                   | 138  | 1,510                           | Petition to institute a public use proceeding                              | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 140  | 110                     | 240  | 55                              | Petition to revive - unavoidable   | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 141  | 1,240                   | 241  | 620                             | Petition to revive - unintentional   | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 142  | 1,240                   | 242  | 620                             | Utility issue fee (or reissue)   | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 143  | 440                     | 243  | 220                             | Design issue fee   | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 144  | 600                     | 244  | 300                             | Plant issue fee  | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 122  | 130                     | 122  | 130                             | Petitions to the Commissioner  | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 123  | 50                      | 123  | 50                              | Processing fee under 37 CFR 1.17(q)  | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 126  | 180                     | 126  | 180                             | Submission of Information Disclosure Stmt                                  | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 581  | 40                      | 581  | 40                              | Recording each patent assignment per property (times number of properties) | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 146  | 710                     | 246  | 355                             | Filing a submission after final rejection (37 CFR § 1.129(a))              | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 149  | 710                     | 249  | 355                             | For each additional invention to be examined (37 CFR § 1.129(b))           | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 179  | 710                     | 279  | 355                             | Request for Continued Examination (RCE)                                    | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 169  | 900                     | 169  | 900                             | Request for expedited examination of a design application                  | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| Other fee (specify) _____  |                         |  |                                 | <input type="text"/>   |  |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| *Reduced by Basic Filing Fee Paid  |                         |  |                                 | <input type="text"/>   |  |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| SUBTOTAL (1) (\$ 355)  |                         | SUBTOTAL (2) (\$ 162.00)   |                                 | SUBTOTAL (3) (\$)  |  |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| **or number previously paid, if greater, For Reissues, see above   |                         |  |                                 |  |  |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 2. EXTRA CLAIM FEES  |                         |  |                                 |  |  |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| Total Claims   | <input type="text"/> 38 | Extra Claims   | <input type="text"/> -20** = 18 | Fee from below   | <input type="text"/> X <input type="text"/> 9 = <input type="text"/> 162 |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| Independent Claims   | <input type="text"/> 2  |  | <input type="text"/> -3** = 0   | <input type="text"/> X <input type="text"/> = <input type="text"/>         | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| Multiple Dependent   |                         |  |                                 | <input type="text"/> = <input type="text"/>                                | <input type="text"/>   |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| Large Entity   |                         | Small Entity   |                                 | Fee Description  |  |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| Fee Code (\$)  | Fee Code (\$)           | Fee Code (\$)  | Fee Code (\$)                   |  |  |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 103  | 18                      | 203  | 9                               | Claims in excess of 20   |  |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 102  | 80                      | 202  | 40                              | Independent claims in excess of 3  |  |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 104  | 270                     | 204  | 135                             | Multiple dependent claim, if not paid                                      |  |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 109  | 80                      | 209  | 40                              | ** Reissue independent claims over original patent                         |  |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| 110  | 18                      | 210  | 9                               | ** Reissue claims in excess of 20 and over original patent                 |  |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |
| SUBTOTAL (2) (\$ 162.00)   |                         |  |                                 |  |  |                 |          |               |               |               |  |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                      |  |                                   |  |  |  |                      |  |                       |  |                          |  |                   |  |  |  |  |  |  |  |

\*\*or number previously paid, if greater, For Reissues, see above

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)